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2007



Objectives of Cross-Agency Training for JET Phase II

Upon attending the 2-hour Cross Agency training presentation – Phase II via Webinar addressing decision making criteria on deferring clients from and referring clients, guidelines on core and non-core activities, web-based tools FAST and FSSP, the attendees will be able to:

1. Successfully complete at least five of seven situational examples of whether to defer or refer a client to MWA.
2. Successfully complete at least five situational examples of activity core and non-core designations.
3. Recognize the types of questions included in the Family Automated Screening Tool, FAST, DHS-595.
4. Identify the key fields on the Goals and Activities Tab/Screen related to the automatically populated employment activity hours on the Participation Tab/Screen.
5. Determine what areas need to be completed to correctly record the activity hours and dates.

PEM 230A – Employment-Related Activities: Policies effective 11-01-2006

FIP clients who are NOT deferred or participating in an activity that meets participation requirements must be referred to the MWA for participation in the Work First (WF) program upon case opening or when a deferral ends.

All clients referred to Work First are expected to participate **up to** 40 hours per week on average, unless you determine that limited participation is allowed according to policy in this item.

Clients employed 40 hours per week on average or more **must** be referred to Work First. The purpose of these referrals is to engage clients in additional activities that will lead them towards self-sufficiency. Work First will retain working clients in the program as long as they remain eligible for FIP and continue to participate in Work First activities.

Do NOT refer the following individuals to Work First:

FIP applicants.

Dependent children age 16/17 who are full-time students in elementary or high school.

Dependent children age 18/19 who are full-time high school students **and** expected to graduate (or complete the requirements to graduate) by age 20.

Refugees, as defined in [PEM 630](#), in the U.S. less than five (5) years and in a county served by a refugee contractor. Refer these clients to the refugee contractor.

Clients served by tribal agencies under the Native Employment Works Program. Refer those who do NOT choose Work First to the tribal agency.

Deferral for:

Defer persons who are under age 16 or at least age 65.

Defer one parent of a child under the age of 3 months when the newborn is in the home.

Defer a mother for post-partum recovery for 3 months after giving birth when the newborn is NOT in the home (e.g., removed by P.S., adoption).

Defer a single parent who personally provides care for a child under age 6 in the FIP eligible group when adequate child care is unavailable. Adequate child care meets all of the following:

Appropriate. The care is appropriate to the child's age, disabilities and other conditions. Reasonable distance. The total commuting time to and from work and child care facilities does NOT exceed three hours per day.

Suitable provider. The provider meets applicable state and local standards. Also, providers (e.g., relatives) who are not registered/ licensed by the Department of Consumer and Industry Services must meet DHS enrollment requirements.

Affordable. The child care is provided at the rate of payment or reimbursement offered by DHS.

Initiate a 4C referral when the client claims a lack of child care. If a provider is located within 10 days, do a referral to Work First.

If the 4C agency is unable within 10 days to obtain child care that meets the conditions above, defer the client until the next redetermination or until appropriate care is available, whichever is

Defer persons with a mental or physical illness, limitation, or incapacity which is expected to last less than 3 months and which prevents participation. Defer for up to 3 months.

If the condition is pregnancy-related and persists for more than 3 months, continue the deferral for additional 3-month periods as long as necessary.

If a non-pregnancy-related condition lasts or is expected to last more than 3 months, follow deferral policy for long-term incapacity below.

Do not advise clients with a short-term incapacity to apply for SSI.

Defer recipients of RSDI based on disability or blindness.

Persons found eligible for SSI/RSDI based on disability or blindness who are in non-pay status.

Defer persons with a mental or physical illness, limitation, or incapacity expected to last more than 3 months and preventing their participation. These clients must meet one of the following conditions:

Apply for SSI/RSDI based on disability or blindness. Require the client to apply for SSI/RSDI if she/he has not already done so. Refer the client to the SSA using form DHS-1552, Verification of Application or Appeal for SSI/RSDI.

Denied SSI solely due to lack of duration, but otherwise met the SSA definition of disability. Defer for the number of months indicated on the DHS-54A, Medical Needs, or based on other medical evidence. Enter a medical review date on CIMS NOT to exceed one year after the denial date.

Denied SSI/RSDI for a non-disability reason (e.g., assets), but otherwise met the SSA definition of disability. Defer for up to one year. Enter a medical review date on CIMS of up to one year after the denial date.

Medical Limitations

Some clients have mental or physical limitations which limit their activities but do not prevent participation. They must participate in Work First at a medically permissible level. When referring such clients to Work First, enter the appropriate Additional Information codes (see System Instructions Codes (SIC) manual) on the referral and any explanation in Notes. Send any evidence of the medical restrictions and copies of SSA denial letters in your possession to the MWA according to local procedures.

If a condition preventing participation is expected to last 30 days or less, the MWA retains the client and assigns an activity when medically permissible. If the condition is expected to last over 30 days, the MWA refers the client back to DHS for a deferral determination.

Deferral for Local Office Discretion

Defer persons experiencing a temporary critical event such as homelessness for up to 3 months. See “SPECIAL NEEDS PARTICIPANTS”, “[Children’s Services Cases](#)” for other possible LO deferrals.

Deferral for Domestic violence: means one or more threats or acts against any family member concerning any of the following:

- Physical injury.
- Sexual abuse.
- Sexual involvement of a dependent child.
- Mental/Emotional abuse.
- Neglect or deprivation of medical care.

Defer parents and caretakers with a documented claim of threatened or actual domestic violence, against themselves or their dependent children, that can reasonably be expected to interfere with work requirements.

The maximum deferral period is three months. With FIM approval, three-month extensions are permitted.

Deferral for Care of a Disabled Spouse

Refer a caretaker of a disabled spouse to Work First, when possible, for participation in employment-related activities leading to self-sufficiency. A caretaker may be referred to the MWA for a specific number of hours, a specific schedule, or other limitations, as determined by an assessment and medical evidence.

Defer the caretaker of a disabled spouse in the home when, based on an assessment and medical evidence, the caretaker is unable to participate in Work First activities because the spouse is:

- A recipient of SSI/RSDI due to disability or blindness; or
- An applicant for SSI/RSDI due to disability or blindness until a **final** SSA determination is made.

To Defer or Refer? – That is the Question

The following individuals are applying for FIP/TANF assistance and able to become involved in some type of employment related activity unless noted. We are not considering financial eligibility at this point. Remember to separate deferral/referral from barriers/activities.

Based on the criteria listed in PEM 230A, determine if the person(s) are deferred from going to MWA; referred to MWA; or Not Applicable based on the case situation.

1. 32 year old single adult with 2 children, ages 10 and 12. He has a broken arm and leg both in a cast for the next two months and does landscaping including cutting down trees for a living: _____
2. 17 year old teenager who has finished high school and starting college in one month: _____
3. 2-parent household with three children, ages 3, 5, and 7 with the oldest child and one parent both receiving SSI for the last year, and other parent working 20 hrs per week:

4. Single parent, age 29 with two children, ages 6 and 7, receiving unemployment with no child care within 50 miles of their residency: _____
5. Single parent, age 33 with 17 year teenage son who refuses to go to school and a grandchild, age 7 years from her daughter who is living in Alaska: _____
6. Widowed 40 year old receiving a small amount of RSDI survivors benefits for her 14 and 15 year old sons and working 25 hours at a local grocery store within walking distance of their house but whose car is not running and they are not on any bus route: _____
7. Single parent, age 30 going to vocational classes 10 hours per week and working 20 hours per week, with two children ages 8 and 11: _____

Work First Allowable Activities in Meeting the Required Hours of Participation

The following are Work First Activities participants may enroll in to meet Federal participation requirements.

- State of Michigan participant requirements are shaded
- X denotes Core Activities, O denotes Non-Core Activities

1. Unsubsidized Employment (full- or part-time employment in the public or private sector) [Core Activity]	X
2. Subsidized Public or Private Sector Employment [Core Activity] <ul style="list-style-type: none"> • Job creation through public or private sector employment wage subsidies • Twelve-month limit 	X
3. On-the-Job Training [Core Activity] <ul style="list-style-type: none"> • Training is conducted while participants are employed. Employer may be reimbursed for training costs, which may cover up to 50 percent of a participant's salary • An OJT contract must be limited to the period of time required for a participant to become proficient in the occupation for which training is being provided • Participants may be provided supportive services for up to 24 months, or for the length of the established contract, whichever comes first 	X
4. Job Search and Job Readiness Assistance (Activities) [Core Activity] <ul style="list-style-type: none"> • Up to four weeks can be consecutive; a week shall be defined as the seven-day period from Sunday through Saturday • Twelve-week limit per fiscal year during times when Michigan is identified as a <i>needy state</i>. Six-week limit per fiscal year during times when Michigan is <i>not</i> identified as a <i>needy state</i>. Michigan is currently a <i>needy state</i>. • Any amount of time spent participating in Job Search/Job Readiness during a week shall be considered one week of participation in Job Search/Job Readiness • Job Readiness activities may include substance abuse treatment, mental health treatment, or rehabilitation activities if determined to be necessary and certified by a qualified medical or mental health professional 	X
5. Work Experience [Core Activity] <ul style="list-style-type: none"> • No specific time limit, but the intent is for short-term participation that improves skills and general employability of participants 	X

<p>6. Community Service Programs [Core Activity]</p> <ul style="list-style-type: none"> The activity should directly benefit the community serving a useful purpose, as well as assist the participant in enhancing skills and attitudes related to work Countable participation time is limited to 36 months if a participant is enrolled in CSP in conjunction with training/education Participants enrolled in CSPs in conjunction with training or education may be provided supportive services for up to 24 months. The activity should benefit the community serving a useful purpose, as well as assist the participant in enhancing skills and attitudes related to work 	X
<p>7. Provision of Childcare Services to Individuals Participating in Community Service Programs [Core Activity]</p> <ul style="list-style-type: none"> Providing childcare to individuals participating in a community service program 	X
<p>8. Vocational Educational Training (12-month time limit for all activities listed below) [Core Activity]</p> <ul style="list-style-type: none"> VET programs shall not include educational activities leading to a baccalaureate or advanced degree 12-month time limit per participant on countable participation time towards federal requirements <p>A. Vocational/Occupational Training (Post-Secondary Education/Training)</p> <ul style="list-style-type: none"> Participants may count up to 15 hours per week of classroom seat time, plus one hour of study time for each hour of classroom seat time toward meeting participation requirements Participants enrolled in CSPs in conjunction with this activity may count up to 36 months of participation in this activity towards state participation requirements Participants enrolled in CSPs in conjunction with this activity may be provided supportive services for up to 24 months <p>B. Condensed Vocational Training (CVT) (minimum 30 hours per week; six-month limit)</p> <ul style="list-style-type: none"> No additional hours of participation are required beyond the minimum of 30 hours per week, unless the participant is from a two-parent family receiving federally funded child day care. A participant may not be enrolled in a CVT if at any time during their lifetime they have participated in Vocational/Occupational Training <p>C. Internships, Practicums, & Clinicals</p> <ul style="list-style-type: none"> Activities required by an academic or training institution for licensure, professional certification, or degree completion, etc Countable participation time is limited to the requirements of the educational institution for the associated program <p>*Any participation time in this activity exceeding 12 months per individual shall not be counted toward federal participation requirements</p>	X

9. **Job Skills Training** (Occupational Skills Training) [Non-Core Activity]

- For recipients who possess a high school diploma or GED
- Job skills training focuses on educational or technical training that specifically moves individuals into employment
- Remedial ed/basic math/English as a second language is allowable if it relates directly to employment or job training
- Participants may count up to 15 hours per week of classroom seat time, plus one hour of study time for each hour of classroom seat time toward meeting participation requirements
- Participants enrolled in CSPs in conjunction with this activity may count up to 36 months of participation in this activity towards **state** participation requirements
- Participants enrolled in CSPs in conjunction with this activity may be provided supportive services for up to 24 months

O

10. **Education Directly Related to Employment** (Basic Educational Skills Training) [Non-Core Activity]

- For recipients who have not received a high school diploma or General Educational Development (GED)
- Remedial ed/basic math/English as a second language where related to a specific occupation, job, or job offer
- Excluding GED preparation time, participants may count up to 15 hours per week of classroom seat time, plus one hour of related study time for each hour of classroom seat time toward meeting their participation requirements
- Participants enrolled in CSPs in conjunction with this activity may count up to 36 months of participation towards **state** participation requirements
- Participants enrolled in CSPs in conjunction with this activity may be provided supportive services for up to 24 months
- GED preparation is limited to 12 months, with a maximum of ten countable hours of classroom time per week

O

11. **Satisfactory Attendance at Secondary School or in a Course of Study Leading to a Certificate of General Equivalence** [Non-Core Activity]

- No time limit for high school completion
 - GED preparation is limited to 12 months
 - Participants may count up to 10 hours/week of classroom seat time towards participation requirements
- * This activity may not include other related educational activities, such as adult basic education or language instruction unless it is linked to attending a secondary school or leading to a GED.

O

Some examples and descriptions of various Core Activities:

On-the-Job Training (OJT) is defined as training in the public or private sector given to a paid employee while he or she are engaged in productive work that provides knowledge and skills essential to full performance of a job.

Components of OJT

- An employer, work site sponsor, or other responsible party must provide supervision no less frequently than daily
- States may subsidize the employer to offset training costs
- Supported employment may be counted as OJT if it includes significant on-site training in the skills and knowledge essential to job performance

Work Experience means a work activity performed in return for welfare that provides an individual with an opportunity to acquire the general skills, training, knowledge, and work habits necessary to obtain employment. The purpose of Work Experience is to improve the employability of those who cannot find unsubsidized employment.

Components of Work Experience

- A work site sponsor, or other responsible party must provide supervision no less frequently than daily
- Training assignments are designed to provide participants with short-term, on-site work experience, which will add to their appeal as potential employees
- All training sites must be approved by the Michigan Works! Agency

Job Search/Job Readiness is defined as the act of seeking employment, or preparing to seek or obtain employment, including life skills training, and substance abuse treatment, mental health treatment, or rehabilitation activities for those otherwise not employable. Such treatment or therapy must be determined necessary by a certified medical or mental health professional.

Components of Job Search/Job Readiness

- A work site sponsor, or otherwise responsible party must provide supervision no less frequently than daily
- Job searching includes looking for suitable job openings, making contact with potential employers, applying for vacancies, and interviewing for jobs
- Job Readiness involves any activity that prepares individuals to obtain and maintain employment. This includes activities familiarizing participants with general workplace expectations, and learning behaviors and attitudes necessary to compete in the labor market

FAMILY SCREENING TOOL

State of Michigan
Department of Human Services

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

"This institution is an equal opportunity provider."

When you receive cash assistance Family Independence Program (FIP) for your family, you must participate in employment and/or family strengthening activities up to 40 hours per week. These activities will be part of your Family Self-Sufficiency Plan. Answering the following questions is the first step in creating your plan. Your answers will tell us about your family's strengths and needs, and also things that you are already doing that could count toward your 40 hours.

You can choose to skip any of the questions. However, the more you tell us about your family, the better we will be able to help you. Select "skip" if the question doesn't apply to you or you do not want to answer the question.

If you do not complete this screening tool, you could lose your cash assistance and your Food Assistance could be reduced. If you need help completing this tool, ask your Department of Human Services (DHS) or Jobs, Education and Training (JET) caseworker for help. For the tool to be considered complete, you must select an answer to every question, even if the answer you select is "skip".

1. Are you currently enrolled in or attending any kind of school or training?
☐ Yes ☐ No
2. What is the highest grade you completed in school?

3. What would other people say are your best qualities? (check all that apply)
☐ Honest ☐ Dependable ☐ On time
☐ Good with my hands ☐ Good with money ☐ Good at math
☐ Good with computers ☐ Good with children ☐ Good with people
☐ Other _____
4. Are you currently employed?
☐ Yes ☐ No
5. Do you have (check all that apply):
☐ High school diploma ☐ GED
☐ Bachelor's degree or higher ☐ None of the above
6. Do you, or a family member, have health problems that limit working, going to school or taking care of self?
 You: ☐ Yes ☐ No Family Member: ☐ Yes
 If yes, has doctor prescribed medication?
 You: ☐ Yes ☐ No Family Member: ☐ Yes
 Are you or another family member taking the prescribed medication?
 You: ☐ Yes ☐ No Family Member: ☐ Yes
7. Do you care for a child that needs special help with day to day tasks?
☐ Yes ☐ No
 Do you need help with a special needs child?
☐ Yes ☐ No

8. Have you or any of your children received special education or services from a day treatment program?
 You: ☐ Yes ☐ No Child(ren): ☐ Yes ☐ No ☐ Skip
 If yes for your child in school, do you attend the Individual Educational Planning Committee (IEPC) at the school?
☐ Yes ☐ No ☐ Skip
 Would you like someone to go with you to these meetings?
☐ Yes ☐ No ☐ Skip
 Is your child getting all the help and services he or she need at school?
☐ Yes ☐ No ☐ Skip
9. Do you have a Section 8 Housing Choice Voucher?
☐ Yes ☐ No ☐ Skip
10. Are you participating in the Family Self Sufficiency Program with Michigan State Housing Development Authority (MSHDA)?
☐ Yes ☐ No ☐ Skip
11. Would you take a drug test for employment?
☐ Yes ☐ No ☐ Skip
12. Are you taking any medication that may limit what you can do at work or at home?
☐ Yes ☐ No ☐ Skip
13. Do you want to work but have a disability that limits what you can do?
☐ Yes ☐ No ☐ Skip
14. Have any of your children been sent home from school because of behavior problems within the last twelve months?
☐ Yes ☐ No ☐ Skip
15. Do you have a baby sitter that you can count on?
☐ Yes ☐ No ☐ Skip
16. In the last 12 months, have you thought about hurting yourself or other people?
☐ Yes ☐ No ☐ Skip
17. Would you like to learn how to make your food-dollar go further?
☐ Yes ☐ No ☐ Skip
18. Has a teacher or healthcare provider ever suggested counseling for any of your children?
☐ Yes ☐ No ☐ Skip
19. Do you have a valid driver's license?
☐ Yes ☐ No ☐ Skip
20. Have you quit or been fired from a job in the last 2 years because you:
☐ Didn't like the job ☐ Got a better job
☐ Missed too many days ☐ Could not get to work on time
☐ Problem with boss or co-workers ☐ Other _____
☐ Couldn't do the job ☐ Skip _____
21. Are you an immigrant and need help getting a resident alien card?
☐ Yes ☐ No ☐ Skip
22. Have you ever felt you should cut down on your drinking or drug use?
☐ Yes ☐ No ☐ Skip
23. Do you have a back up baby sitter that you can count on?
☐ Yes ☐ No ☐ Skip

24. Do you, or any of your children have trouble with: (check all that apply):
Talking so people understand what you are thinking?
You: ☐ Yes ☐ No Child: ☐ Yes ☐ No ☐ Skip
Sticking to a task until it is finished?
You: ☐ Yes ☐ No Child: ☐ Yes ☐ No ☐ Skip
Understanding and following directions?
You: ☐ Yes ☐ No Child: ☐ Yes ☐ No ☐ Skip
Remembering?
You: ☐ Yes ☐ No Child: ☐ Yes ☐ No ☐ Skip
25. Do you have reliable transportation?
☐ Yes ☐ No ☐ Skip
26. In the last 12 months, has your current or ex-partner acted in ways that scare you or your child?
☐ Yes ☐ No ☐ Skip
27. How is **your child's** overall health?
☐ Poor ☐ Fair ☐ Good ☐ Excellent ☐ Skip
28. Are any of your children having trouble with their schoolwork?
☐ Yes ☐ No ☐ Skip
29. Have you been convicted of a crime?
☐ Yes ☐ No ☐ Skip
If yes, please indicate.
☐ Misdemeanor ☐ Felony
30. Have any of your children tried to hurt themselves or others in the past twelve months?
☐ Yes ☐ No ☐ Skip
31. Would you or a family member like help learning different ways to manage money?
You: ☐ Yes ☐ No Other: ☐ Yes ☐ No ☐ Skip
32. Have people annoyed you by criticizing or complaining about your drinking or drug use?
☐ Yes ☐ No ☐ Skip
33. Would you or a family member like to improve your English or math skills?
You: ☐ Yes ☐ No Family Member: ☐ Yes ☐ No ☐ Skip
34. Has your current or ex-partner interfered in your work, school or your relationship with other people in the last 12 months?
☐ Yes ☐ No ☐ Skip
35. List certificates or licenses that you have and/or trainings that you have completed. (check all that apply)
☐ Cardio Pulmonary Resuscitation (CPR) ☐ Food Safety Training ☐ Other _____
☐ Certified Nursing Assistant (CAN) ☐ Commercial Driver's License (CDL) ☐ Skip _____
☐ Automotive Service Excellence (ASE)
36. In the last 12 months have you or a family member lost interest in or been unable to enjoy things you used to like?
You: ☐ Yes ☐ No Family Member: ☐ Yes ☐ No ☐ Skip
37. Are you required by a court to do community service, keep appointments or do anything else?
☐ Yes ☐ No ☐ Skip
38. Does your partner try to control you by threatening to hurt you or your children?
☐ Yes ☐ No ☐ Skip
39. Do you have a social security card?
☐ Yes ☐ No ☐ Skip

40. How often do you feel you can't cope with family problems?
☐ Frequently ☐ Sometimes ☐ Rarely ☐ Never ☐ Skip
41. Would you like information about programs or activities for any of your children?
☐ Yes ☐ No ☐ Skip
42. Have you ever felt bad or guilty about your drinking or drug use?
☐ Yes ☐ No ☐ Skip
43. How is **your** overall health?
☐ Poor ☐ Fair ☐ Good ☐ Excellent ☐ Skip
44. In the last 12 months, have you or a family member gone through a very upsetting or stressful event such as:
 Death of a loved one?
 You: ☐ Yes ☐ No Family Member: ☐ Yes ☐ No ☐ Skip
 Divorce or separated from partner?
 You: ☐ Yes ☐ No Family Member: ☐ Yes ☐ No ☐ Skip
 Victim of a crime?
 Other?
 You: ☐ Yes ☐ No Family Member: ☐ Yes ☐ No ☐ Skip
45. Is this form hard for you to read?
☐ Yes ☐ No ☐ Skip
46. Has your partner ever threatened to hurt you or your children if you tried to leave?
☐ Yes ☐ No ☐ Skip
47. Do you or a family member want help or information about drug/alcohol abuse?
 You: ☐ No ☐ Yes, information ☐ Yes, help ☐ Skip
 Family member: ☐ No ☐ Yes, information ☐ Yes, help ☐ Skip
48. In the last 12 months, have you or a family member had thoughts or feelings that caused problems with sleeping, eating and/or thinking?
 You: ☐ Yes ☐ No Family Member: ☐ Yes ☐ No ☐ Skip
49. Do you have a current picture ID?
☐ Yes ☐ No ☐ Skip
50. Have you ever had a drink or drug in the morning (eye opener) to steady your nerves or to get rid of a hangover?
☐ Yes ☐ No ☐ Skip

CONGRATULATIONS!!!

You have completed a very important step in creating your Family Self-Sufficiency Plan. You will review the results of this screening tool and make a plan with your Department of Human Services (DHS), Jobs, Education & Training (JET), Michigan Rehabilitation Services (MRS) and/or Michigan State Housing Development Authority (MSHDA) worker that will help you reach self-sufficiency.

Thank you

DHS-595 (10-06) FAST Hard Copy

Client Name _____

Client ID: _____

Case Number: _____

WEEKLY ACTIVITY LOG

Week Begin Date _____ Week End Date _____
(always Sunday) (always Saturday)

Planned Hours of Participation Per/Week _____ Activity Name: _____

Instructions: You must keep a record of all actual time spent in agreed upon activities for which you do not receive a pay check. You must return your activity log to your caseworker at the end of each week. Failure to complete a log with verification or complete the planned hours each week, may result in case closure and/or reduction of your benefits. Your activities will be randomly monitored for accuracy. If you knowingly enter false information on the activity log, your case may close and/or your benefits may be reduced. Complete a separate activity log for each activity you are agreed to.

Date	Activity	Start Time	End Time	Total Hours	Signature/Verification	Contact Number
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

For office use only: Total Weekly Hours _____

DHS-630 (01/2007)

Draft 01/2007**PEM 228****FAMILY SELF-SUFFICIENCY PLAN****DEPARTMENTAL PHILOSOPHY**

Federal and state laws require Family Independence Program (FIP) and Refuge Assistance Program (RAP) case members to engage in activities to strengthen the family and/or help them reach self sufficiency. Document and monitor these activities using the Family Self Sufficiency Plan (FSSP). This is a multi agency, web-based service plan for use by agencies serving FIP and RAP clients. Initial implementation included use by the Department of Human Services (DHS) in the Jobs, Education and Training (JET) pilot counties. The DHS, JET and Work First (WF) throughout the state have access to this application effective February 2007. Use by other agencies is planned for the future.

DEPARTMENTAL POLICY

The DHS-4783, Personal Responsibility Plan & Family Contract (PRPFC) may be replaced by the Family Self Sufficiency Plan (FSSP). The development of and compliance with the PRPFC or FSSP are required work related activities for all Work Eligible Individuals (WEIs). These requirements apply to FIP and RAP clients who are referred to JET/WF as well as those who are temporarily deferred. Non-compliance with the FSSP without good cause by either a referred or deferred clients will result in case closure and/or benefit reduction.

The Family Automated Screening Tool (FAST) and the FSSP are tools available for individuals who are active or pending FIP/RAP. They will be available for the administration of Prevention Services to Families (PSF) in the future.

Work Eligible Individuals (WEIs)

Work Eligible Individuals (WEIs) are clients who are included in the state's work participation rate. All WEIs are required to participate in work related activities for a minimum number of hours based on case circumstances. WEIs include all adult FIP/RAP recipients, except in the following circumstances:

A minor parent who is not the head-of-household or spouse of the head of household.

An alien who is ineligible/disqualified to receive assistance due to immigration status.

All other disqualified adults are WEIs.

An SSI recipient.

A parent providing care for a disabled spouse living in the home or a parent providing care for a disabled child living in the home when the child does not attend school full-time and verification of such care is supported by medical documentations. See PEM 230A, '[Deferral for Care of a Disabled Spouse/Child](#)' for further clarification.

Non-WEIs are required to participate for zero hours on the FSSP but may volunteer to participate in any work related activity.

Draft 01/2007**PEM 228****FAMILY SELF-SUFFICIENCY PLAN****Required Hours Of Participation**

Required hours are the minimum number of hours per week on average the WEI is to participate in work related activities to meet the federal work participation requirement. Required hours will appear in the "Required Hours" field on the FSSP for every WEI. Required hours are determined as follows:

Single Parent Households

20-Hour Requirement:

A FIP group containing only one WEI when the youngest child in the group is **less than** six years old.

A WEI with an employment code of "CA", caregiver of a child less than three months old or "DC", caretaker of a child less than six years old when appropriate, adequate or affordable child care is not available or unavailability is verified in writing by the 4-C contractor are temporarily disregarded from participation. (**Required hours are zero.**)

A two-parent household is considered a single-parent household when one parent:

- Receives SSI; or
- Has employment code NC or NS; or
- Has DQ code equal to "A".

Use PRG code 6 on the DHS-2439 for all groups with a 20-hour requirement.

30-Hour Requirement:

A FIP group containing only one WEI when the youngest child in the group is **greater than** six years old.

A two-parent household is considered a single-parent household when one parent:

- Receives SSI; or
- Has employment code NC or NS; or
- Has DQ code equal to "A".

Use PRG code 1 on the DHS-2439 for all groups with a 30-hour requirement.

Two-Parent Households

In a two-parent family, the required hours apply to the couple as opposed to the individual. In these situations, the grantee will be assigned the total required hours while the second adult will show zero required hours. The DHS/JET worker must monitor the couple's participation manually by combining the hours of activities for each adult.

Draft 01/2007**PEM 228****FAMILY SELF-SUFFICIENCY PLAN****Combined 35-Hour Requirement:**

A FIP group containing two WEIs when the group is not active for the Child Development and Care (CDC) Program.

Combined 55-Hour Requirement:

A FIP group containing two WEIs when the group is active for the CDC Program.

Use PRG code 2 on the DHS-2439 for all groups with a 35 or 55-hour requirement. One parent may meet the work requirement for both parents when hours of participation are sufficient to meet the combined minimum.

FAMILY AUTOMATED SCREENING TOOL

The Family Automated Screening Tool (FAST) is a 50-question, web-based survey that will begin to identify an individual's strengths and barriers to family functioning and successful employment. Information gathered from the answers to the FAST will pre-fill various sections of the FSSP. Therefore, the FAST is one of the first steps in the development of a useful FSSP.

A FAST notice (DHS 1535 or 1536) is automatically sent to FIP/RAP WEIs in the JET pilot counties at case opening. The same notices are available in WORD to be mailed to clients at conversion to the FSSP from the PRPFC.

Clients may complete the FAST from any computer with Internet access. This could occur in the client's home, through public Internet access, at the local JET office, or from a PC available in the local DHS office. The address to the FAST is www.michigan.gov/fast.

Completion of the FAST will take approximately 30 minutes depending on the individual's reading and computer skills. The client must select an answer to every question even if he/she chooses "skip". When the client "submits" final answers to complete the FAST, he/she will be given a confirmation number to print or document as verification that they completed the FAST.

DHS and JET/WF workers may assist individuals with disabilities or low literacy skills that prevent successful completion of the FAST. Otherwise, those who do not have Internet access may complete the paper version of the FAST available on MSWord (DHS-595). The client's answers from the paper FAST must be entered on the electronic FAST to pre-fill information on the client's FSSP. DHS staff will enter this information for deferred clients. JET/WF staff will enter this information for referred clients.

Draft 01/2007**PEM 228****FAMILY SELF-SUFFICIENCY PLAN****FAMILY SELF-SUFFICIENCY PLAN**

The Family Self-Sufficiency Plan (FSSP) is a web-based service plan designed to be used by multiple agencies for optimal case management. Use of the FSSP by multiple agencies will eliminate the client's need to comply with multiple plans. It is used to collect, document and report on clients' participation in employment, education and family strengthening activities that will support success in self-sufficiency. Information is entered on the FSSP from the following sources:

As a result of FAST completion.

Directly by DHS workers.

From the MIS system used by the JET/WF workers.

Other agency workers/systems in the future.

DHS workers access the FSSP Main Menu from the LOA-2 menu choice 25. JET/MWA workers access the FSSP Main Menu through MIS. FSSP Main Menu includes 6 choices:

1. **Create or Update FSSP:** Use this menu option to access a client's FSSP.
2. **Fill out a FAST Survey:** Use this menu option to enter a client's answers from the paper version of the FAST.
3. **Review rejected FAST submissions (Fallout):** Identifying information entered by the client at the FAST completion did not match the data in CIMS. Use this menu option to search for the client's completed FAST by searching various categories. The confirmation number assigned at the FAST completion is the most helpful in locating the client's FAST. Check the gray box to the left of the client and enter the information that does not match data in CIMS. When matching information is saved, the "FAST Completed" date will appear on the FSSP Home Page.
4. **Reports:** Use this menu option to view Pending FAST, Pending FSSP or Complete FAST/FSSP reports for a case load, unit or district/ county office.

Pending FAST report will list clients who were opened for either FIP or RAP and were sent a FAST notice (1535 or 1536) currently used in the JET pilot counties.

Pending FSSP report will list clients who were sent a notice and completed a FAST that mapped to an FSSP but no "Contract Agreement Date" has been entered.

Completed FAST/FSSP report will list the "Follow Up" date based on the earliest target date on a client's plan or three months from the last "Contract Agreement Date", whichever is sooner.

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5. **Actual Hours Summary** is a summary of a specific client's actual hours of participation in a specified time frame.

6. **DLEG/MIS**: This is a shortcut to MIS for quick access.

Create or Update FSSP

Best practice would include opening the FSSP at the initial interview to enter strengths, barriers, etc. that are identified during the interview. This will allow information gathered from the FAST to be entered on the FSSP immediately upon completion of the FAST. Enter a case number of a pending or active FIP/RAP case to view the FSSP. **It is imperative to open the FSSP at FIP/RAP case opening for the client's work related activities entered by the WF/JET in the MIS to be included in the rate of participation.**

FSSP Home Page

FIP/RAP/PSF case member and program information is displayed here. Once the client has completed a FAST that has successfully connected to the FSSP, the FAST completed date will be displayed. Click the "Edit" button to the right of a specific member to access that individual's FSSP and view the six tabs under which the individual's information is entered and displayed.

General Information about the FSSP

Each tab in the FSSP will display the same header that contains identifying information about the specific client for quick reference: Name, Client ID, Case Number, Date of birth (DOB), Gender and Contact Number when one is entered in the Client Information tab. Required and Planned Hours are displayed for the benefit of serving the FIP/RAP recipients.

The date and source of information entered on the FSSP are automatically entered. The "source" may be the FAST (client), FSSP or MIS. Eventually the sources may include systems from other agencies.

Access comments for various sections of the FSSP by clicking the small gray box to the far left of a goal, activity, strength etc. Enter comments and Click "save" prior to leaving a section to save your entry. Click "Cancel" to prevent currently entered comments from being saved. Previously saved comments cannot be deleted without deleting the entire Strength, Barrier, Referral, Goal or Activity. Items entered from the FAST cannot be deleted so comments saved for those items cannot be deleted.

Client Information Tab

There are three sections under this tab:

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Contact Information is the address for the client as it appears on CIMS. The apartment or lot number needs to be manually entered as a comment until a future FSSP release that will collect the data from CIMS. In addition, enter the contact phone numbers and edit at any time.

Personal Characteristics include demographic information from CIMS and is required for JET and DHS reporting purposes. This information is viewed as "Update Client Characteristics" on MIS.

Vocational History includes work history; education history and test results from the JET/MWA administered tests and assessments. DHS workers may enter any known information in these fields. Trainings completed and certificates obtained as reported on the FAST appear here. In the future, some of these fields may be populated with information from MIS.

Participation & Compliance Tab

This tab will display the individual's hours of participation and record of non-compliance.

Participation

These fields are automatically filled so are "read only."

The "**Countable Months**" is the number of months this family has received Temporary Assistance for Needy Families (TANF) funded benefits across the country. In Michigan these are FIP benefits. Families who have received TANF for more than 48 months require intensive case management services because they are at risk of losing FIP eligibility based on Michigan legislation effective 10/01/2007 or their move to a state that imposes time limits on TANF funded assistance.

"**Planned Hours**" are the hours per week on average that a client will participate in work-related or other activities which are documented under the "Goals and Activities" tab. Activities assigned by MWA/JET in the MIS system are included in this calculation. The total is displayed in the Header as well.

"**Countable Hours**" are the estimated number of hours from the planned activities that would count in the required federal work participation if the client actually participated the number of planned hours. This calculation is displayed to assist in the development of the FSSP to meet federal work participation requirements.

The "**FAST Notice Date Entry**" appears when the client was not sent a notice automatically at case opening. For instance, in the conversion from the use of the Personal Responsibility Plan and Family Contract (PRPFC) to the FSSP, FIS will send the DHS 1535 or 1536 at the time of redetermination. The field will not appear when a date is saved or the client is sent a notice automatically at case opening.

Draft 01/2007**PEM 228****FAMILY SELF-SUFFICIENCY PLAN****Records of Non-Compliance**

This section is for the documentation of WEIs non-compliances with work related activities. You may enter information as it is gathered:

Date of Noncompliance.

Type (completion of the FAST, Development of the FSSP or other noncompliance).

Date of Triage if there is one.

Client Attended.

Outcome.

Date of Determination.

When the date of determination is entered, the episode can no longer be edited or deleted. Comments may be entered by clicking the gray box that appears to the far left of the recorded episode. This record will contain non-compliance episodes occurring subsequent to use of the FSSP for this client only.

Strengths and Abilities Tab

When you interview the client to complete the FSSP, start with this section. Compliment the client on strengths identified by completion of the FAST. A confident client will be a more active participant in developing the FSSP.

Strengths are identified by type: Employment, Education and Training or Family Strengthening for quick reference by the worker assigned from each agency. Some strengths will be pre-filled based on how the client answered the FAST questions. Comments may be entered for items collected from the FAST; however, the item cannot be deleted. Enter comments for each strength as you discuss them with the client.

Use strength based interviewing techniques described in PAM 101 to identify additional strengths and "add" them to this section.

Barriers & Referrals Tab**Barriers**

Identify, document and address barriers to self-sufficiency in this section the same as in the "Strengths and Abilities" section.

Based on how the client answered the FAST, you will be asked to explore the need to address specific potential barriers. Discuss these items with the individual and document results of your discussion in the comments sections associated with each. When the FAST results suggest a barrier that the client has already addressed or does not recognize, document this in the comments and focus on addressing barriers which the client does recognize and wants to work on.

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After discussing strengths and abilities with your client, go to the referral section next. FAST results in this section will report needs for which the client specifically requested help or services on the FAST. Clients are more likely to be successful in activities related to these items because they are client identified. Help the client choose activities related to these items.

Add potential referrals to this section when you identify a need but cannot currently enter an activity to address that need, or the client does not yet recognize the need.

Goals & Activities Tab

There are four sections under this tab:

Goals (divided by type).

Core Activities.

Non-core Activities.

Other Activities.

Enter goal and activity information agreed upon with the client in these sections. Remember to ask about and enter activities in which the client is already participating.

Click "Add" to enter the client's long and/or short-term goal statements. Select the type from Education & Training, Employment or Family Strengthening.

Goal statuses include:

Planned: The goal is a client's realistic desire related to self-sufficiency.

In Progress: The goal is currently being pursued,

Completed: Client reached the goal. When a goal is coded as complete, it automatically moves to the Goal History and Strength section of the FSSP.

Abandoned: The client is no longer pursuing this goal but might at a later date. This goal automatically moves to the "History" section of the goal screen for future consideration.

Activities are specific actions the client will take to reach his/her goal(s) and/or meet work participation requirements. Activities are divided into three categories: Core, Non-core and Other.

The activity selected determines the fields to describe specifics about the activity. You may enter more specific information about the activity in the "Description" area. Enter the number of hours per week the client will be engaged in this activity in the "Planned Hours/wk". Choose an activity status from the following:

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Planned: The client has agreed to participate in the activity.

In Progress: The client is currently participating in the activity.

Complete: The client completed the activity. Enter an end date. This activity will be stored in the "History" section of the activities screen.

Abandoned: The client is no longer participating in this activity but might at a later date. This activity will automatically move to the "History" section of the activity screen for future consideration.

Other fields that will appear in the activity are as follows:

Begin Date: Enter the expected begin date or actual begin date. There are time limits on some activities so it is most advantageous to begin an activity at the start of the (Sunday to Saturday) week.

Target Date: The target date for a goal is the anticipated date of completion. **The target date for an activity is the next date the actual hours must be entered on the FSSP.**

End Date: Enter the last date the client participated in the goal or activity.

Planned Hours/wk: Enter the number of hours per week the client expects to participate in the activity. This must be a whole number.

Actual Hours/wk: The "Status" of an activity must be saved as "In Progress" to enter "Actual Hours/wk". Enter the number of hours per "Verifications" later in this item. Actual hours must be entered for all WEIs for their participation in work related activities to be counted in the federally required participation.

Verification of wage earning activities must be entered in the "Actual Hours" at least every six months. Project the actual hours by taking the average from at least two consecutive pay stubs that represent hours worked.

Verification of activities that do not pay wages to the client must be entered in the "Actual Hours" of that activity at least biweekly. The DHS Weekly Activity Log is completed and submitted by the client weekly to the worker who is monitoring that activity. The worker must enter the actual hours within two weeks of receipt.

Set target date to the next date actual hours must be entered.

JET/MWA workers continue to enter "activities" and "actual hours" on the MIS system. Activities documented in MIS will appear in the FSSP fields the day after they are entered on MIS.

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For the client's participation in work related activities to meet the federal requirements, the client **must participate in at least 20 hours per week of core** activity in addition to the remaining number of required hours in non-core activities.

Core Activities

Core Activities must be planned for a minimum of 20-hours per week for each work-ready WEI. They include the following activities:

Unsubsidized Employment.

Subsidized Private and Public Sector Employment.

Work Experience.

On-the-Job Training.

Job Search/Job Readiness.

Community Service Programs.

Vocational Educational Training including Condensed Vocational Training.

Providing Child Care for a Community Service Participant.

When WEIs are planning to participate less than the 20-hour minimum in one or more of the above activities, they will not meet federal participation requirements and thereby reduce the state's participation rate.

Core hours may be planned to fulfill a WEIs required hours up to 40.

Non-Core Activities

Non-core activities may be planned only after the minimum number of core activities have been planned. Non-core activities include the following:

Job Skills Training Directly Related to Employment.

Education Directly Related to Employment.

High School Completion/GED.

A full description of Core and Non-core activities is available through DLEG Policy Issuance - PI 06-11 change 2.

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“Other Activities” are not counted toward federal participation requirements and should be used when deferred clients or clients experiencing medical or disabling limitations cannot participate the minimum number of required hours in core or non-core activities. Following is a short but not all inclusive list of the activities that could be planned.

Parenting
Counseling
Life Skills
Conflict Resolution
Other assigned activity

“Other Activities” is the activity FIS will use most often when working with deferred WEIs or WEIs that have a medical limitation or reduced hours. If a deferred WEI is already participating in an activity that would meet the above criteria, FIS should plan core and non-core activities that would meet the federal participation requirement.

A deferred WEI is doing self-initiated community service at their church 20 hours per week. The WEI is a single parent with a child less than 6 years old so the WEI has a 20 hour requirement. This client would meet the work requirement and should plan to participate in 20 hours of community services under a “Core Activity” instead of 20 hours in “Other Activities”.

Personal Contract Tab

The Personal Contract section of the FSSP is used to display activities the client and workers have agreed to and changes made to the FSSP.

There are four section within this tab:

Contract Agreements: Enter the date and comments that include the client and workers who agreed to the plan

Workers Tasks: Enter the specific tasks for a specific worker that will support the client’s success with the FSSP.

All Sections: All planned activities for the client and tasks assigned to a worker are listed here for quick view of all activities and printing of the Personal Contract.

All Sections & Comments: This includes All Sections along with all comments made that relates to each activity. Recommended for office use only.

Initial development of the FSSP is considered complete when a date is entered on the “Contract Agreements” section for the first time. Complete the Personal Contract when the FSSP is initially

developed, and each time changes are made to the activities within the FSSP. Give or send a printed copy of the contract to the client each time it is completed.

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FAMILY SELF-SUFFICIENCY PLAN

The printed version of the Personal Contract includes a notification to the client that the client must contact the DHS/JET worker if something interferes with the completion of an agreed upon activity.

A clear and accurate Personal Contract is particularly important when it is developed as part of the triage or good cause determination. When the client is available and willing, obtain his/her signature on the printed version of the Personal Contract. However, client signature is NOT required.

Follow-up

Each agency is responsible for monitoring completion of or participation in activities that they enter. Example: The JET worker assigned the client to spend 20 hours per week developing a resume and seeking employment and the DHS worker referred the client to engage in parenting classes 10 hours per week. JET monitors compliance with the 20 hours of activity, while DHS monitors the 10 hours of activity. The FSSP is a work in progress as long as the FIP/RAP case is active.

Questions regarding this policy may be submitted to the FIP policy email box at: FIA-Policy-FIP-SDA-RAP@Michigan.gov.

VERIFICATIONS

Wage Earning Activity

Verification of wage earning activities must be documented in the "Actual Hours" of that activity at least every six months. The worker takes the average of verified hours from one of the following sources:

DHS-38, Verification of Employment.

Minimum of two consecutive pay stubs.

Collateral Contact with employer or other person who has knowledge of the position and wages earned.

Other Activity

Verification of activities that do not pay wages to the client must be documented in the "Actual Hours" of that activity at least biweekly.

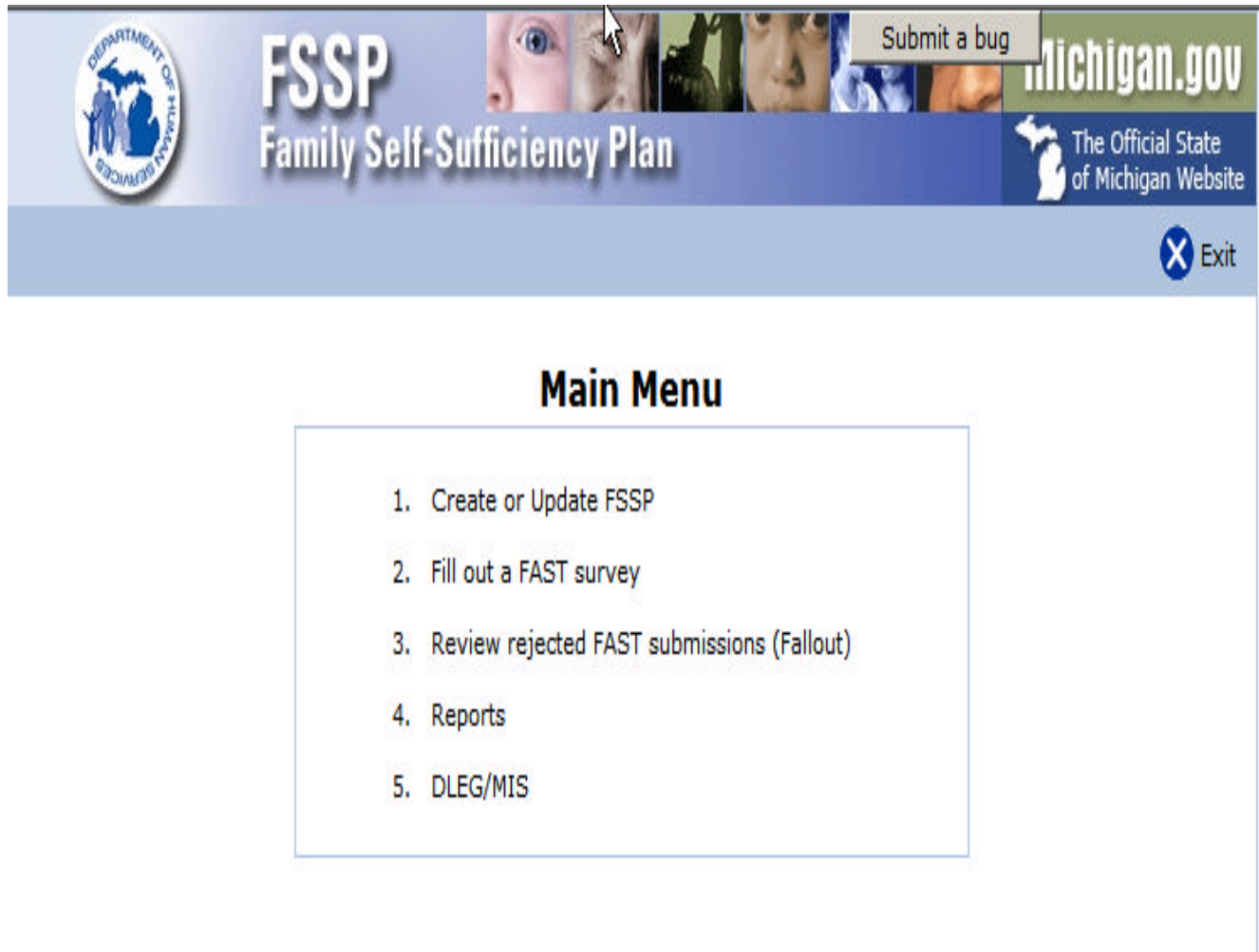
DHS/JET Specialist access the **FSSP** from the LOA-2 menu choice 25.

MWA/JET Case Managers access the **FSSP** through MIS

MRS/JET Counselors will have access to the **FSSP** through AWARE

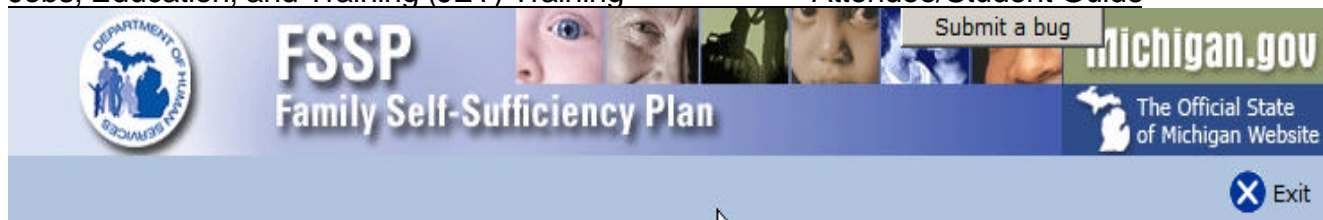
State of Michigan Web-Based Tool – Family Self-Sufficiency Plan

To be completed by DHS and DLEG (via MIS) Case Managers with the client within 60 calendar days from FIP/TANF/Cash Assistance opening date.



The screenshot shows the header of the Michigan.gov website. On the left is the Department of Human Services logo. In the center, the text "FSSP Family Self-Sufficiency Plan" is displayed. To the right of this text is a collage of images including a child's face, a person's face, and a person's hands. Further right is a "Submit a bug" button and the "Michigan.gov" logo. Below the "Michigan.gov" logo is the text "The Official State of Michigan Website". In the bottom right corner of the header is an "Exit" button. Below the header, the text "Main Menu" is centered. Below "Main Menu" is a list of five items:

1. Create or Update FSSP
2. Fill out a FAST survey
3. Review rejected FAST submissions (Fallout)
4. Reports
5. DLEG/MIS

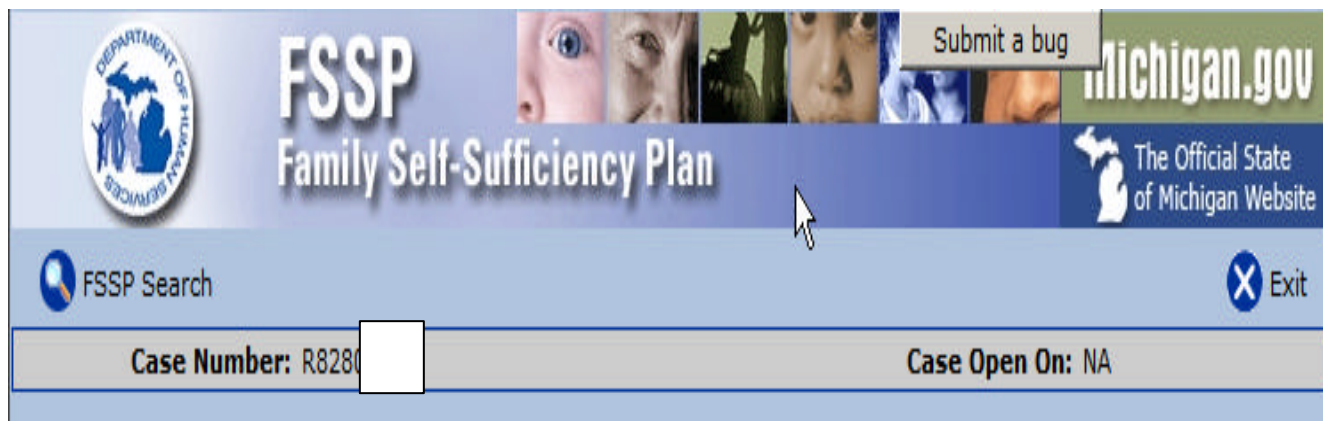


DEPARTMENT OF HUMAN SERVICES **FSSP** Family Self-Sufficiency Plan [Submit a bug](#) [michigan.gov](#)
The Official State of Michigan Website

[Exit](#)

Search Criteria

DHS Case No:



DEPARTMENT OF HUMAN SERVICES **FSSP** Family Self-Sufficiency Plan [Submit a bug](#) [michigan.gov](#)
The Official State of Michigan Website

[FSSP Search](#) [Exit](#)

Case Number: R8280 **Case Open On:** NA

FSSP Home

Name	Client ID	Birth Date	FAST		FIP/RAP Status	PSF Status	Emp. Code	FSSP
			Notice	Completed				
PRUITT <input type="text" value=""/> SE	00 <input type="text" value=""/> 237	09/1 <input type="text" value=""/> 5	10/27/2006	10/26/2006 09:50 AM	ACTIVE	INACTIVE	WF	<input type="button" value="Edit"/>
DAVIS T <input type="text" value=""/> A NICOLE	00 <input type="text" value=""/> 177	04/1 <input type="text" value=""/> 9			ACTIVE	INACTIVE	CH	N/A
PRUITT <input type="text" value=""/> CE ANTHO	00 <input type="text" value=""/> 597	04/1 <input type="text" value=""/> 4			ACTIVE	INACTIVE	CH	N/A

NOTE: FAST Column Notice is the date the FAST Notice (DHS-1535 or 1536) was sent to the client
Emp. Code is filled in/populated from DHS's ASSIST system. IF the person's employment code is WF, the person has been determined to be Referred to MWA/JET and the client will be working with their MWA/JET Specialist.

Client Contact Information Print

Street:	14121 W 9 MILE RD		
City:	OAK PARK	State:	MI
Zip Code:	48237		
FSSP Phone Number # 1:	() - -	Type:	Home
FSSP Phone Number # 2:	() - -	Type:	Home
Primary: <input type="radio"/>			
Primary: <input type="radio"/>			
Comments			
<div></div>			
Save			

Client Information Tab/Screen – Contact Information

This tab/screen will be filled in/populate from the information that was entered into the DHS's ASSIST system by DHS Front Desk and Specialist staff.

Apartment and Lot numbers will be added to this screen in Feb., 2007.

There is no 'Add' button on this page.

However, DHS /JET Specialists can mouse click in the 'Comments' box/field and type in notes such as directions to the client's house or items like Beware of Dog for home call knowledge. The Comments typed into this screen will not appear on the final printed Personal Contract that will be mailed to the client.

FSSP Family Self-Sufficiency Plan

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FSSP Home | Exit

Name: PRU [redacted] VISE **DOB:** 09/12/1975 **Required Hours:** 20
Client ID: 0029 [redacted] **Gender:** F **Planned Hours:** [redacted]
Case Number: R824 [redacted] **Contact Number:** [redacted]

Client Information | Participation & Compliance | Strengths & Abilities | Barriers & Referrals | Goals & Activities | Personal Contract


Contact Information | **Personal Characteristics** | Vocational History


Personal Characteristics

Print

Date	10/25/2006	Source	FSSP	Entered By	RenoB2
Date of Birth:	09/12/1975	Gender:	Female	Race	African American
Veteran Status:	Yes				
Service Entry Date:	[calendar icon]	Service Exit Date:	[calendar icon]		
Branch of Service:	[dropdown]	Type of Discharge:	[dropdown]		
Comments					
[text area]					

This tab/screen will be filled in/populate from the information that was entered into the DHS's ASSIST system by DHS Front Desk and Specialist staff.


FSSP
 Family Self-Sufficiency Plan

Submit a bug 
 The Official State of Michigan Website

FSSP Home Exit

Name: PRUI [redacted] ISE **DOB:** 09/12/1975 **Required Hours:** 20
Client ID: 0025 [redacted] **Gender:** F **Planned Hours:** [redacted]
Case Number: R828 [redacted] **Contact Number:**

Client Information | Participation & Compliance | Strengths & Abilities | Barriers & Referrals | Goals & Activities | Personal Contract

Contact Information | Personal Characteristics | Vocational History

Add **Work History** Print

	Date Entered	Entered By	Employer Name	Position	Begin Date	End Date
<input type="checkbox"/>	01/07/2007	IottM	afgsg		01/01/2007	01/05/2007
<input type="checkbox"/>	10/26/2006	Client			Some college	

Add **Education History** Print

	Date Entered	Entered By	Institution	Program/Class	Degree/Certification	Begin Date	End Date
<input type="checkbox"/>	01/07/2007	IottM	afgsg		fgsg	01/01/2007	01/05/2007
<input type="checkbox"/>	10/26/2006	Client			Some college		

Add **Testing Results** Print

	Date Entered	Entered By	Test Date	Test Name	Subject	Score
<input type="checkbox"/>	01/07/2007	IottM	01/01/2007	rrp	reading	10

NOTE: When DHS/JET Specialist is entering additional information for all partner agencies to see, be sure to mouse click the 'Save' button at the bottom of this screen after entering data.

FSSP
Family Self-Sufficiency Plan

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FSSP Home | Exit

Name: PR [redacted] VISE | DOB: 09/12/1975 | Required Hours: 20
 Client ID: 002 [redacted] | Gender: F | Planned Hours: [redacted]
 Case Number: R8 [redacted] | Contact Number: [redacted]

Client Information | **Participation & Compliance** | Strengths & Abilities | Barriers & Referrals | Goals & Activities | Personal Contract

Participation | Print

Countable Months	Planned Hours			Countable Hours
32	Core 50	Non-Core 10	Other 10	60

Add

Records of Noncompliance

	Date of Noncompliance	Type	Date Sent	Date of Triage	Client Attended	Outcome	Date of Determination
<input type="checkbox"/>	10/02/2006	Other			N/A	No Good Cause Granted	10/25/2006

Countable Months – The number of months this family/person has received Temporary Assistance for Needy Families (TANF)/FIP/Cash Assistance since turning 18 years and an adult member of a case.

Planned Hours: Core Non-Core Other

Participation Planned Hours come from/populate from the Goals/Activities that are listed/entered by DHS/JET Specialist and/or from MWA/JET Specialist enters into the MIS system that will dump/transfer into the FSSP.

FSSP
Family Self-Sufficiency Plan

Submit a bug

Michigan.gov
The Official State of Michigan Website

FSSP Home Exit

Name: PR [redacted] LTOVISE DOB: 09/12/1975 Required Hours: 20
 Client ID: 00 [redacted] 37 Gender: F Planned Hours: [redacted]
 Case Number: R8 [redacted] B Contact Number:


Client Information Participation & Compliance **Strengths & Abilities** Barriers & Referrals Goals & Activities Personal Contract

Add **Strengths & Abilities** Print

	Date	Source	Entered By	Type	Strength / Ability
<input type="checkbox"/>	01/07/2007	Goal	IottM	Family Strengthening	Safe home
<input type="checkbox"/>	10/26/2006	FAST	Client	Employment	Completed some college


This Tab/Screen will have key information from the client's responses to the FAST questions.

This information should be used during the interview to acknowledge and support the strengths and abilities the client has identified. DHS/JET Specialist is encouraged to add more to this list as a result of the FSSP interview as well as during the Monitoring of the plan, listing the successes the client has accomplished.



FSSP

Family Self-Sufficiency Plan

[Submit a bug](#)


[FSSP Home](#)
Exit

Name: PR [REDACTED] ADVISE

Client ID: 00 [REDACTED]

Case Number: R8 [REDACTED]

DOB: 09/12/1975

Gender: F

Contact Number:

Required Hours: 20

Planned Hours: [REDACTED]

[Client Information](#)
[Participation & Compliance](#)
[Strengths & Abilities](#)

[Barriers & Referrals](#)

[Goals & Activities](#)
[Personal Contract](#)

Add

Barriers

Print

	Date	Source	Entered By	Type	Barrier
<input type="checkbox"/>	10/26/2006	FAST	Client	Family Strengthening	Explore need for counseling or support group for family due to a child attempting to injure self or another and losing interest in or been unable to enjoy things they liked
<input type="checkbox"/>	10/26/2006	FAST	Client	Family Strengthening	Explore need for counseling or support group for family due to losing interest in or been unable to enjoy things they liked
<input type="checkbox"/>	10/26/2006	FAST	Client	Family Strengthening	Potential Domestic Violence issues (Explore need for Intervention)
<input type="checkbox"/>	10/26/2006	FAST	Client	Employment	Possible substance abuse issues (Explore need for substance abuse assessment, treatment, or support group)
<input type="checkbox"/>	10/26/2006	FAST	Client	Employment	Previously in special education

Add

Referrals

	Date	Source	Entered By	Potential Referral
<input type="checkbox"/>	10/26/2006	FAST	Client	Suggest Michigan Rehabilitation Services

This Tab/Screen will have key information from the client's responses to the FAST questions.

This information should be used during the interview to explore areas/issues the client has identified through completing their FAST. While talking with the client, determine the appropriate referral to make on behalf of the client besides being referred to MWA. Add the information into the section even when you have identified a need but cannot currently enter an activity to address that need. This will help to follow up and for all partner agencies to view what has been discussed.

Be sure to mouse click the 'Save' button before going onto the next page/screen/tab.

FSSP
Family Self-Sufficiency Plan

Submit a bug Michigan.gov
The Official State of Michigan Website

FSSP Home Exit

Name: PR [redacted] VISE DOB: 09/12/1975 Required Hours: 20
Client ID: 00 [redacted] Gender: F Planned Hours: [redacted]
Case Number: R8 [redacted] Contact Number: [redacted]

Client Information Participation & Compliance Strengths & Abilities Barriers & Referrals **Goals & Activities** Personal Contract

Goals Core Non-Core Other

Add **Goals** Print

Entered Date	Type	Statement	Begin Date	Target Date	End Date
Goals History					
Entered Date	Type	Statement	Begin Date	Target Date	End Date
01/07/2007	Family Strengthening	safe home	01/01/2007		01/05/2007
01/07/2007	Family Strengthening	Safe home	01/01/2007	01/05/2007	01/05/2007

Begin the FSSP Interview by acknowledging the person's strengths. Allow time to discuss the barriers/issues identified by the client and recorded on the earlier tab/screen.

Revisit the DHS-1538, Work and Self-Sufficiency Rules form signed at application, identifying the number of hours needed to participate in employment-related activities and the types of activities that are available. Focus on what the client is doing currently, listing the activity as Core, Non-Core, or Other.

Add		Current Activities				Print
	Entered Date	Type	Activity / Description	Begin Date	Target Date	End Date
<input type="checkbox"/>	07/25/2006	Employment	Job Search/Job Readiness Assistance /	07/21/2006		
<input type="checkbox"/>	01/08/2007	Education and Training	Vocational Education Training /	01/01/2007	01/12/2007	

Activities History

	Entered Date	Type	Activity / Description	Begin Date	Target Date	End Date
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While you are talking with the client about their goals/activities, begin to evaluate their current activity for Core/Non-Core/Other categories and recording the number of weekly hours they are currently participating in said activity.

The Begin Date may be in the past when they started their current job/semester or may be today's date.

The target date for an activity is the next date the actual hours must be entered on the FSSP.

On this screen when you are ready to enter the activities, mouse click the 'Add' button to enter data.

Client Information	Participation & Compliance	Strengths & Abilities	Barriers & Referrals	Goals & Activities	Personal Contract
Goals		Core Activities		Non-Core Activities	Other Activities

Current Activities

[Print](#)

Date Entered : 1/23/2007 Source: FSSP Entered By: RenoB2 Type: Education and Training Status: Planned Begin Date: <input type="text"/> Target Date: <input type="text"/> End Date: <input type="text"/> Planned Hours/wk: <input type="text"/> Actual Hours for Week(s): <input type="text"/>	Activity: Vocational Education Training Program: <input type="text"/> Location: <input type="text"/> Description: <input type="text"/> Comment <input type="text"/> <input type="text"/> <input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	


Verification of activities that do not pay wages to the client must be entered in the “Actual Hours” of that activity at least biweekly.

The DHS Weekly Activity Log is completed and submitted by the client weekly to the worker who is monitoring that activity. The worker must enter the actual hours within two weeks of receipt.

Planned Hours/wk: Enter the number of hours per week the client expects to participate in the activity. This must be a whole number.

Actual Hours/wk: The “Status” of an activity must be saved as “In Progress” to enter “Actual Hours/wk”. Enter the number of hours per “Verifications” later in this item. Actual hours must be entered for all WEIs for their participation in work related activities to be counted in the federally required participation.



Verification of wage earning activities must be entered in the “Actual Hours” at least every six months. Project the actual hours by taking the average from at least two consecutive pay stubs that represent hours worked.



FSSP

Family Self-Sufficiency Plan

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 FSSP Home
  Exit


Name: RAYMOND
 Client ID: 002
 Case Number: R8

DOB: 09/12/1975
 Gender: F
 Contact Number:

Required Hours: 20
 Planned Hours:

Client Information
 Participation & Compliance
 Strengths & Abilities
 Barriers & Referrals
 Goals & Activities
 Personal Contract

Goals
 Core
 Non-Core
 Other

Add		Current Activities				Print
	Entered Date	Type	Activity / Description	Begin Date	Target Date	End Date
	01/08/2007	Education and Training	High School Completion/GED /	12/04/2006	01/05/2007	

Activities History						
	Entered Date	Type	Activity / Description	Begin Date	Target Date	End Date


Client Information	Participation & Compliance	Strengths & Abilities	Barriers & Referrals	Goals & Activities	Personal Contract
Goals		Core Activities		Non-Core Activities	Other Activities

Current Activities Print

Date Entered : 1/23/2007	Activity: High School Completion/GED
Source: FSSP	Program:
Entered By: RenoB2	Location:
Type: Education and Training	Description:
Status: Planned	
Begin Date:	
Target Date:	
End Date:	
Planned Hours/wk:	
Actual Hours for Week(s):	



Comment

Save Cancel



FSSP

Family Self-Sufficiency Plan

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[FSSP Home](#)
[Exit](#)

Name: PR [REDACTED] TOVISE
Client ID: 00 [REDACTED] 87
Case Number: R8 [REDACTED] B

DOB: 09/12/1975
Gender: F
Contact Number:

Required Hours: 20
Planned Hours: [REDACTED]

Client
Information

Participation &
Compliance

Strengths &
Abilities

Barriers &
Referrals

Goals &
Activities

Personal
Contract

Goals

Core

Non-Core

Other

Add

Current Activities

Print

Enter Date	Type	Activity / Description	Begin Date	Target Date	End Date
01/08/2007	Family Strengthening	Addressing Domestic Violence / Client will contact the shelter today to learn about resources available.	10/26/2006	01/05/2007	

Activities History

Enter Date	Type	Activity / Description	Begin Date	Target Date	End Date
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FSSP
 Family Self-Sufficiency Plan

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 The Official State of Michigan Website

 FSSP Home
  Exit

Name: PR [REDACTED] LTOVISE **DOB:** 09/12/1975 **Required Hours:** 20
Client ID: 00 [REDACTED] 37 **Gender:** F **Planned Hours:** [REDACTED]
Case Number: R8 [REDACTED] B **Contact Number:**

Client Information
 Participation & Compliance
 Strengths & Abilities
 Barriers & Referrals
 Goals & Activities
 Personal Contract

Contract Agreements
Workers Tasks
All Sections
All Sections & Comments

Add

Client Contract Agreement Dates

Print

	Entered Date	Entered By	Agreement Date	
	10/26/2006	IottM	10/26/2006	

07/13/2006



PERSONAL CONTRACT
Family Self Sufficiency Plan
 Michigan Department of Human Services

Name: COT [REDACTED] M JESSIE L	DOB: 09/21/1988	Required Hours: 30
Client ID: 0068 [REDACTED]	Gender: F	Current Hours:
Case Number: K33 [REDACTED]	Contact Number:	Additional Hours:

Goals

Entered Date	Type	Goals	Status	Begin Date	Target Date
07/13/2006	Education and Training Employment Family Strengthening	Goal Number One for FSSP client JESSIE L	Assigned	07/12/2006	07/14/2006
07/12/2006	Employment Family Strengthening	Goal Number 2 for this person.	Assigned	07/13/2006	07/15/2006

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Education and Training Activities

Entered Date	Activities	Hours per Week	Status	Begin Date	Target Date
07/12/2006	Internships, Practicums and Clinicals/The Description	10	Assigned	07/12/2006	07/14/2006
07/12/2006	Vocational Education/Activity 2 for Edu/Tm.	22	Assigned	07/13/2006	07/15/2006

Employment Activities

Entered Date	Activities	Hours per Week	Status	Begin Date	Target Date
07/12/2006	Child Care for Community Service/The Description	10	In Progress	07/12/2006	07/14/2006
07/12/2006	Unsubsidized Employment/Activity 2 for Emp.	22	In Progress	07/13/2006	07/15/2006

Family Strengthening Activities

Entered Date	Activities	Hours per Week	Status	Begin Date	Target Date
07/12/2006	Establishing Eligibility for Disability/The Desc.	11	Assigned	07/12/2006	07/14/2006
07/12/2006	Caring for a Disabled Relative/Activity 2 for FS.	22	In Progress	07/13/2006	07/15/2006

The screenshot shows the FSSP Family Self-Sufficiency Plan website. The header includes the Department of Human Services logo, the FSSP title, a 'Submit a bug' link, and the Michigan.gov logo. The 'Main Menu' lists five options: 1. Create or Update FSSP, 2. Fill out a FAST survey, 3. Review rejected FAST submissions (Fallout), 4. Reports, and 5. DLEG/MIS. An arrow points from the 'DLEG/MIS' option to a web browser window. The browser window shows the URL 'http://services.michworks.org/ms/plsql/web_page.FrontPage'. A login dialog box titled 'Connect to services.michworks.org' is open, showing fields for 'User name' and 'Password'. The 'User name' field is circled, and the 'Remember my password' checkbox is unchecked. The dialog box has 'OK' and 'Cancel' buttons.

FSSP Family Self-Sufficiency Plan

Submit a bug Michigan.gov The Official State of Michigan Website

Main Menu

1. Create or Update FSSP
2. Fill out a FAST survey
3. Review rejected FAST submissions (Fallout)
4. Reports
5. DLEG/MIS

File Edit View Favorites Tools Help

Back Search Favorites Go Links SnagIt

Address http://services.michworks.org/ms/plsql/web_page.FrontPage

Connect to services.michworks.org

plsql

User name:

Password:

☐ Remember my password

OK Cancel

To Access/View DLEG's MIS – Use the same name/password you do now for accessing MIS

The screenshot shows the top navigation bar of the Michigan.gov website. On the left is the Department of Human Services logo. In the center is the 'FSSP Family Self-Sufficiency Plan' title. On the right is the 'Michigan.gov' logo and 'The Official State of Michigan Website' text. A 'Submit a bug' link is also present. Below the navigation bar is a blue bar with an 'Exit' button. The main content area is titled 'Monitoring Reports Search Criteria'. It contains a form with the following fields: 'Enter Load Number:' (a header for the input fields), 'County: 33', 'District: 00', 'Section: 02', 'Unit: 02', and 'Specialist: 02'. Below these is a 'Report Type:' section with three radio button options: 'Pending FAST' (selected), 'Pending FSSP', and 'Complete FAST/FSSP'. A 'Submit Search' button is located at the bottom of the form.

DEPARTMENT OF HUMAN SERVICES

FSSP
Family Self-Sufficiency Plan

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Exit

Monitoring Reports Search Criteria

Enter Load Number:

County: 33 District: 00 Section: 02 Unit: 02 Specialist: 02

Report Type:

☒ Pending FAST ☐ Pending FSSP ☐ Complete FAST/FSSP

Submit Search

The types of reports that will be available will be increasing in February to include a report for Monitoring activities.